

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/089926

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14	/					
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27	/					
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40	/					
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	6					
TOTAL DEP.	72					
TOTAL CLAIMS	78					

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/						
52		/						
53	/							
54		/						
55		/						
56		/						
57		/						
58		/						
59		/						
60		/						
61		/						
62		/						
63		/						
64		/						
65		/						
66	/							
67		/						
68		/						
69		/						
70		/						
71		/						
72		/						
73		/						
74		/						
75		/						
76		/						
77		/						
78		/						
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

BEST AVAILABLE COPY